Foster Family Home - Corrective Action Report

Provider ID:	1-512732						
Home Name:	Mary Jhane La	azo, CNA	Review ID:	1-512732-8			
94-460 Awamoi	Street		Reviewer:	Carrie Wakai			
Vaipahu	HI	96797	Begin Date:	7/20/2017	End Date:	8/4/2017	
oster Family	Home F	Required Certifi	cate	[17	-1454-6]		
3.(d)(1) Comment:	Comply with	all applicable requ	uirements in this ch	apter; and			
3.d.1-Home vis all required iter	sit made for a 3 ms due to CTA	bed CCFFH red by 8/20/2017.	ertification surve	y. A corrective	action report	was issued during t	he visit with
Foster Family	Home E	Background Ch	ecks	[17	-1454-7.1]		
7.1.(a)(1)	Be subject t	o criminal history r	record checks in ac	cordance with sec	tion 846-2.7,	HRS;	
Comment:							
7.1(a)(1)-Seco	and fingerprinting	ng not present in	the folder for CG	#4.			
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		nce Manager	Service Servic		Da	ate	
		· · · · · · · · · · · · · · · · · · ·			7	120/2017	
	Drings:	Lazov Care Giver			100 IV	ate	
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Correction Action Report Provider ID: 1-512732 CCFFH Provider: Mary Jhane Lazo

To Whom It May Concern,

In compliance to Correction Action Report, the following has been completed:

7.1 (a)(1) Subject to criminal history record checks – APS/CAN completed on July 28th, 2017 and a copy is now filed in CG #4 record binder. I will ensure that all criminal history records are within the time frame and in the future to avoid lapse certifications, I will ensure to track deadlines on my paper and iPhone calendar. I will also start the renewal process early in order to anticipate any setbacks or errors.

Mary Ihane Lazo

8/23/2017 Date